### **Application Data Sheet**

#### **Application Information**

Application number::

Filing Date::

02/28/02

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

VAPOR DEPOSITION OF

DIHALODIALKYLSILANES

Attorney Docket Number::

02307V-121600US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

0

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

**National Science Foundation** 

Contract or Grant Numbers One::

DM11-0099765

Secrecy Order in Parent Appl.::

No

### **Applicant Information**

Name Suffix::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: William

Middle Name:: R.

Family Name:: Ashurst

City of Decidences

City of Residence:: Berkeley

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1332 Shattuck Avenue, No. 4

City of Mailing Address:: Berkeley

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94720

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Roya

Middle Name::

Family Name:: Maboudian

Name Suffix::

City of Residence:: Orinda

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 168 Ravenhill Road

City of Mailing Address:: Orinda

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94563

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Carlo

Middle Name::

Family Name::

Carraro

Name Suffix::

City of Residence::

Orinda

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

168 Ravenhill Road

City of Mailing Address::

Orinda

State or Province of mailing address::

CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94563

# Correspondence Information

Correspondence Customer Number::

20350

# Representative Information

Representative Designation::

Representative Number::

Representative Name::

Primary

28,219

M. Henry Heines

## **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country::

Application number::

Filing Date::

### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::